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Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 102964-2
		First Inventor Kirsten Lambertsen
		Title VIRTUAL MAKEOVER SYSTEM AND METHOD
		Express Mail Label No. EL835815847US

09/939988 01/01
PTO

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Box Patent Application ADDRESS TO: Commissioner for Patents Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 18] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9]</p> <p>5. Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>
ACCOMPANYING APPLICATIONS PARTS		
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Check for \$710 (filing fee) Check for \$40 (recording fee)</p>		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021125		or <input type="checkbox"/> Correspondence address below
Name	NUTTER, MCCLENNEN & FISH, LLP William C. Geary III		
Address	One International Place		
City	Boston	State	MA
Country	US	Telephone	(617) 439-2766
Name (Print/Type)	Lisa J. Michaud	Registration No. (Attorney/Agent)	44,238
Signature			Date August 27, 2001

Transmittal-New Utility Patent Application

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL835815847US, in an envelope addressed to: Box Patent Application, Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: August 27, 2001

Signature:  (Lisa J. Michaud)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

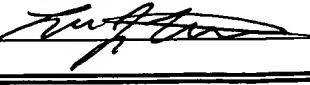
TOTAL AMOUNT OF PAYMENT	(\\$) 750.00	Complete if Known
		Application Number
		Not Yet Assigned
		Filing Date
		August 24, 2001
		First Named Inventor
		Kirsten Lambertsen
		Examiner Name
		Not Yet Assigned
		Group Art Unit
		N/A
		Attorney Docket No.
		102964-2

METHOD OF PAYMENT	FEE CALCULATION (continued)
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES
Deposit Account Number 141449	Large Entity Small Entity
Deposit Account Name	Fee Code Fee (\$) Fee Code Fee (\$)

<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27
2. <input checked="" type="checkbox"/> Payment Enclosed	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	
	FEE CALCULATION

1. BASIC FILING FEE									
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid				
101	710	201	355	Utility filing fee	710.00				
106	320	206	160	Design filing fee					
107	490	207	245	Plant filing fee					
108	710	208	355	Reissue filing fee					
114	150	214	75	Provisional filing fee					
		SUBTOTAL (1) (\\$) 710.00							
2. EXTRA CLAIM FEES									
Total Claims		Extra Claims	Fee from below	Fee Paid					
13	-20** =	0	x	=	0				
Independent Claims		2	-3** =	0	x = 0				
Multiple Dependent									
Large Entity Small Entity									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description					
103	18	203	9	Claims in excess of 20					
102	80	202	40	Independent claims in excess of 3					
104	270	204	135	Multiple dependent claim, if not paid					
109	80	209	40	** Reissue independent claims over original patent					
110	18	210	9	** Reissue claims in excess of 20 and over original patent					
		SUBTOTAL (2) (\\$) 710.00							
*or number previously paid, if greater. For Reissues, see above									
*Reduced by Basic Filing Fee Paid									
SUBTOTAL (3) (\\$) 40.00									

SUBMITTED BY		Complete (if applicable)		
Name (print/type)	Lisa J. Michaud	Registration No. (Attorney/Agent)	44,238	Telephone (617) 439-2550
Signature		Date	August 27, 2001	

Fee Transmittal	
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